## FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

**FORM D** 

OTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

1268052

OMB Number: 3235-0076

Expires: April 30, 2008 Estimated average burden hours per response....16.00

SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								
1	1							

UNEFORM LIMITED OFFERING EXEMP	TION
Name of Offering (Desco) is this is an amendment and name has changed, and indicate change.)  ValGold Resources Ltd Offering of Chit, each consisting of one common share and one-half of one non-true	insferable common share purchase warrant
Filing Under (Check box(es) that apply):	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	! 488## 00   488## 00   448   10   484   10   484   10   48#   10   48#   10   48#   10   48#   10   48#   10   48#   10   48#   48#   10   48#
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	07087086
ValGold Resources Ltd.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Suite 1400, 570 Granville Street, Vancouver, British Columbia, Canada, V6C 3P1	Telephone Number (Including Area Code) 604-687-4622
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Natural resource company engaged in the business of acquiring, exploring and financing mineral resource pr	PROCESSED
Type of Business Organization	•
✓ corporation ☐ limited partnership, already formed ☐ other (pleased) business trust ☐ limited partnership, to be formed	DEC 2 8 2007
Month: April Year: 1987  Actual or Estimated Date of Information or Organization:	THOMSON FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given belowhich it is due, on the date it was mailed by United States registered or certified mail to that address.	notice is deemed filed with the U.S. Securities and v or, if received at that address after the date on

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA
<ul> <li>Enter the information requested for the following:         <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.</li> <li>Each executive officer and director of corporate issuers and corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul> </li> </ul>
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Witte, William J.
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 1400, 570 Granville Street, Vancouver, British Columbia, Canada, V6C 3P1
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Drummond, Darryl, A.
Business or Residence Address (Number and Street, City, State, Zip Code)
#20 – 5760 Hampton Pl., Vancouver, BC V6T 2G1
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Yurichuk, Kenneth R.
Business or Residence Address (Number and Street, City, State, Zip Code)
2321 Parkhaven Blvd., Unit 16, Oakville, ON L6H 1V6
Check Box(es) that Apply: Promoter Beneficial Owner 🗹 Executive Officer 🗹 Director General and/or Managing Partner
Full Name (Last name first, if individual) Milligan, Andrew, F. B.
Business or Residence Address (Number and Street, City, State, Zip Code)
1400 – 570 Granville Street, Vancouver, BC V6C 3P1
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Berner, Sargent H.
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 1400, 570 Granville Street, Vancouver, British Columbia, Canada, V6C 3P1
Check Box(es) that Apply:
Full Name (Last name first, if individual) Wilkinson, Stephen, J.
Business or Residence Address (Number and Street, City, State, Zip Code)
1400 570 Cranvilla Street Vancauver RC V6C 3P1

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if in Tinoco Terrero, Pedro R.	dividual)					
Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)		•	
Calle El Mirador, Quinta Mio	ka< Prados del	Este, Caracas, Venezue	ela			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in Ross, Shannon M.	ndividual)					
Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)	<del></del>		
Suite 1400, 570 Granville Stre	et, Vancouver,	British Columbia, Cana	ada, V6C 3P1			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in Pollock. Thomas, R.	ndividual)					
Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)	***		···
Suite 1400, 570 Granville Stre	et, Vancouver, 1	British Columbia, Cana	ada, V6C 3PI			
	(Us	se blank sheet, or copy ar	nd use additional copies of	this sheet, as n	eces	sary)

					В,	INFORMA	TION ABOU	T OFFERI	NG				
I. I	las the issue	er sold, o					vestors in this					Yes	No ✓
2. \	What is the t	minimum					f filing under ual?					\$100,00	0 (which
	e waived by					<b>,</b>							
3.												Yes <b>☑</b>	No
4. E	Enter the i	nformatio	on requeste	ed for each	person who	has been	or will be	paid or giv	en, directly	or indirectles in the o	y, any ffering.		
[	f a person	to be lis	sted is an a	associated pe	rson or ager	nt of a brok	er or dealer :	registered wi	ith the SEC	and/or with	a state		
							lealer only		are associat	eu persons t			
Full N	ame (Last n	ame first	, if individu	al)									
Busine	ess or Resid	ence Add	lress (Numb	er and Street	, City, State,	Zip Code)							
									<del></del>				
Name	of Associate	ed Broke	r or Dealer										
States	in Which P	erson Lis	ted Has Sol	icited or Inter	nds to Solicit	Purchasers			1				
(	Check "All	States" o	or check ind	ividual States	i)							☐ All	States
AI	_ A	K	AZ	AR	CA	CO	CT	DE	DC)	FL	GA	HI	ID
IL		N	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	· N	Œ	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	S	С	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full N	ame (Last n	ame first	, if individu	al)					. <u>.</u>				
Busin	ess or Resid	ence Add	iress (Numb	er and Street	, City, State,	Zip Code)							
								···-		<del> </del>			
Name	of Associat	ed Broke	r or Dealer										
States	in Which P	erean Lie	ted Has Sol	icited or Inte	nds to Solicit	Pumhasers	<del>-</del>		<u></u>				
												All	States
AI		K	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID
IL		N	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
М		ΙΕ	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	<u></u>	c	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full N	ame (Last n	name first	t, if individu	ial)									
Busin	ess or Resid	ence Ado	Iress (Numb	er and Street	, City, State,	Zip Code)	1.0				,		
Name	of Associat	ed Broke	r or Dealer									· <del>-</del>	
States	in Which P	erson Lis	ted Has Sol	icited or Inte	nds to Solicit	Purchasers							
(	Check "All	States" o	or check ind	ividual States	s)							All	States
AI	_ A	K	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	1	N	[]A	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
M		ΙE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR]	PA
RI	S	C	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<b>s</b>	\$
	Equity	<b>s</b>	<b>s</b>
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify: Units, each consisting of one common share and one-half of one non-transferable common share		
	purchase warrant)	\$ <u>1,983,450.00*</u>	\$ <u>1,983,450.00*</u>
	Total	\$ <u>1,983,450.00*</u>	\$ <u>1,983,450.00*</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$ <u>101,500.00</u>
	Non-accredited Investors	NIL	S <u>NIL</u>
	Total (for filings under Rule 504 only)	N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$ N/A
		WIL	<u> </u>
	Regulation A	N/A	\$ <u>N/A</u>
	Rule 504	<u>N/A</u>	\$ <u>N/A</u>
	Total	<u>N/A</u>	\$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ <u>1,000.00</u>
	Printing and Engraving Costs		\$ <u>500.00</u>
	Legal Fees		\$ <u>35,000.00</u>
0	Accounting Fees.		\$20,000.00
	Engineering Fees		\$ <u>0</u>
	Sales Commissions (specify finders' fees separately)		\$ <u>0</u>
	Other Expenses (identify) (Finder's Fees paid to non US Finders for non US subscribers)		\$ <u>66,395.00</u>
* R	Totalepresents worldwide offering amount.		\$_122,895,00

and total exper proceeds to the proceeds to the sach of the proceeds to the Salaries and fe Purchase of real Purchase, renta Construction of Acquisition of	the amount of the adjuster poses shown. If the anto the left of the estimate, issuer set forth in response	regate offering price given in response to Part o Part C — Question 4.a. This difference is the differ	ed to be used for an estimate and he adjusted gross	Payments to Officers, Directors, & Affiliates	\$1.860.555.00  Payments to Others
each of the proceeds to the proceeds to the Salaries and fer Purchase of reaching Purchase, rentation of Acquisition of	rposes shown. If the anto the left of the estimate, issuer set forth in response is	nount for any purpose is not known, furnish The total of the payments listed must equal t to Part C — Question 4.b above.	an estimate and he adjusted gross	Officers, Directors, & Affiliates  S505,000.00	Others
Purchase of rea  Purchase, renta  Construction o  Acquisition of	l estate			Officers, Directors, & Affiliates  S505,000.00	Others
Purchase of rea  Purchase, renta  Construction o  Acquisition of	l estate				□ \$
Purchase, renta  Construction of  Acquisition of	or leasing and installation			_	
Construction o	_	of machinery and equipment		□ \$	<b>\$</b>
Acquisition of	leasing of plant buildings			□ <b>\$</b>	፟\$50,000.00
		and facilities		□ s	<b></b>
issuer pursuant	nay be used in exchange	g the value of securities involved in this for the assets or securities of another		□ s	□ s
Repayment of	ndebtedness			□ s	<b>S</b>
Working capita	I			□ \$	፟ \$1,305,555.00
Other (specify)	·			□ s	□ s
Column Totals		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		□ \$	□ s
Total Payment	Listed (column totals adde	rd)		☐ \$ <u>1.</u> 8	360,555.00
		D. FEDERAL SIGNATURE			
signature constitute	s an undertaking by th	igned by the undersigned duly authorized perse e issuer to the U.S. Securities and Exch on-accredited investor pursuant to paragraph (b)	ange Commission		
Issuer (Print or Type	)	Signature	Date		
ValGold Resources	Ltd.	Signature Scrywitt Sr	December 17	, 2007	
Name of Signer (Pri	it or Type)	Title of Signer (Print or Type)			
Sargent H. Berner		Director			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>☑</b>

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
ValGold Resources Ltd.	December 17, 2007
Name (Print or Type)	Title (Print or Type)
Sargent H. Berner	Director

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1	2	2	3		4	. <u> </u>			5 liftention
	invest State (	on- dited ors in	Type of security and aggregate offering price offered in state (Part C-Item I)		Type of inv amount purch (Part C-	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	<u>Units</u>	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ					e.u···e .				
AR			- CHARLE						
CA								_	-
СО									
CT									
DE									
DC							-		
FL							<del></del>		
GA						1.00			
ні					<del>- ,</del>				
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD		Х	60,000	1	\$21,000.00	-0-	N/A		X
MA									
MI									
MN									

## APPENDIX

ı	2	2	3		4				5
	Intend to n accre invest State (	on- dited ors in Part B-	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	<u>Units</u>	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MS					<u> </u>				
МО					· · · · · · · · · · · · · · · · · · ·				
МТ									
NE					·	· · · · · · · · · · · · · · · · · · ·	•		
NV									
NH									-
NJ									
NM									
NY	х	1	230,000	1	\$80,500.00	0	N/A		х
NC									
ND									
ОН								<u>-</u>	
ОК									
OR									
PA							u.		
RI									
SC									
SD									
TN			_				-		
TX				-					
UT									
VT					· · <del>- · · · · · ·</del>				-
VA									
WA									

# APPENDIX

1	Intend to r accre inves State (	2 I to sell non- edited tors in [Part B- m 1]	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	<u>Units</u>	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WV					. •					
WI							u = = 11			
WY										
PR										

END